

The doctors said that a longer delay might have meant surgery to relieve the pressure or amputation of the finger.

Bee Sting Leads to Infection and Potential Loss of Finger

The Lost Lake Fire began on May 26, 2022 on Colorado River Agency tribal land near Lost Lake Resort. This area has a significant amount of agricultural activity, including numerous beehives.

On May 27 the morning briefing began at 0600 in the shade of flowering eucalyptus trees. This particular morning thousands of bees were very active in and around the trees, possibly displaced by the fire. During the briefing a water tender crew member (FF1) was stung on the right middle finger. Although allergic to bees, FF1 had been stung on the hand years ago and experienced only localized tenderness with minimal swelling.

Therefore, based on past history, FF1 would “keep an eye on the finger” and chose to work through the shift. At the end of shift, the finger was not a concern.

The next morning, the briefing was once again held under the trees and some members of the incoming management team commented about the large number of bees. Following the briefing, FF1’s Task Force Leader notified the Division/Group Supervisor (DIVS) and Medical Unit Leader (MEDL) that FF1 had requested to demob because now—24 hours later—the finger was swollen and discolored (see Photo 1).

Yellow Medical – Seek Immediate Medical Care

The MEDL located FF1 who was completing shift tickets in anticipation of the demob process. The MEDL—with 30+ years as Paramedic and “tox” medic training—immediately recognized that the finger was a critical (Yellow Medical) concern and advised FF1 to forgo the demob process and seek immediate medical care at a hospital with staff qualified to diagnose this injury.

Stressing that the finger might not be saved convinced FF1 to immediately drive to a medical facility. FF2, the second crew member on the water tender, drove FF1 to a hospital approximately 90 miles from the incident.

On arrival at the local hospital, the severity of the finger was recognized. FF1 was referred to a higher-level care facility in Las Vegas—100 miles away—and was transported by a family member. On arrival at this Las Vegas hospital, now approximately 33 hours from being stung, the infection had spread. The top of hand was now blistering (see Photo 2).

FF1 was admitted to the hospital for two days and treated with multiple doses of antibiotics. Nine days later, at the time of this RLS writing, FF1 is recovering at home and is continuing treatment with antibiotics.



Photo 1 – The bee sting site on the finger 24 hours after receiving the sting.



Photo 2 – Thirty-three hours after the sting, the infection has spread, the top of hand is swollen and blistering.

Lessons

While this bee sting incident looks to have had a successful outcome, the potential for permanent impairment or loss of the finger was a real possibility.

1. Seek immediate treatment for bee stings to ensure the stinger is completely out and to cleanse the injury site. Bees can introduce bacteria that may lead to serious infection.
2. When the skin has been penetrated, early recognition and treatment is crucial to limiting infection that can result in the loss of a digit or limb.
3. Consider air transport for “Yellow Medical” injuries when definitive care is more than an hour away by ground.
4. When preparing the Medical Plan (ICS 206), MEDLs should consider determining and listing which hospitals are prepared for treating hand injuries. Specialists are needed to repair tendons.
5. Shade is desirable in the desert, but do not remain in an area with a large number of bees.

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The supervisor received 200 stings. The four crewmembers each received an average of 25 stings to their heads and faces.